TOTAL

ADDIT, FEE

OR

TOTAL

ADDIT. FEE

PTO/SB/06 (08-00) Approved for use through 10/31/2002. OMB 0651-032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED-PART I **SMALLENTITY** OR **SMALLENTITY** (Column 2) (Column 1) FOR NUMBERFILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE \$ <u>75</u>0 \$ OR (37 CFR 1.16(a)) TOTAL CL'AIMS minus 20 = x \$ 18 O OR (37 CFR 1.16(c)) **INDEPENDENT CLAIMS** minus 3 = \times 84 = OR 0 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 0 = TOTAL OR TOTAL 750 If the difference in column 1 is less then zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II **OTHER THAN SMALLENTITY** OR **SMALLENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus == (37 CFR 1.16(c)) OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADDIT. FEE TOTAL OR (column 1) (Column 2) (Column 3) ADDIT. FEE CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER **RATE** TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE **TIONAL** RATE **TIONAL AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective January 1, 2003

008312-030 4361

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)		_	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	! !	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	375:00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			~ minus 20=		* 9			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 4			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								⊦140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "C						olumn 2	T	OTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II								•		,	OTHER	THAN
		(Column 1)	(Colum			(Column 3)		SMALL ENTITY		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AIM	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-140=		OR	+280=	
TOTAL ADDIT. FEE										OR	TOTAL	
		ADI	DII. FEE			ADDIT. FEE						
Γ		(Column 1) CLAIMS		(Colui	IEST	(Column 3)		T	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***	CL AINA	=		X42=		OR	X84=	
<u> </u>	rino i rnese	INTATION OF W	JLIIPLE DEF	ENDEN	CLAIM		-	-140=		OR	+280=	
	TOTAL ADDIT. FEE									OR	TOTAL	
		(Column 1)		(Colui	mn 2)	(Column 3)	ADI	DII. PEE L			ADDIT. FEE	
		CLAIMS		HIGH	HEST	(00101111110)	_		ADDI-	1 1		ADDI
AMENDMENT C	: , ,	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	7	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	If the entry in colu	ımn 1 is less than t	he entry in colu	mn 2 write	e "0" in co	lumn 3	L ⁺	140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa					r found	in the app	propriate bo	x in co	lumn 1.	